

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE
CREDENTIALING DIVISION
PO BOX 94986
LINCOLN, NE 68509-4986
800-422-3460 / 402-471-2158

**APPLICATION FOR RECERTIFICATION AS AN OUT-OF-HOSPITAL
EMERGENCY CARE PROVIDER**

Please print or type all applicable sections (Signatures must be originals)

SECTION A – APPLICATION FOR RECERTIFICATION – check the level of certification that you are requesting to be recertified.

<input type="checkbox"/>	First Responder (See Section B or C)
<input type="checkbox"/>	Emergency Medical Technician (See Section B or D)
<input type="checkbox"/>	Emergency Medical Technician-Intermediate (See Section B or E)
<input type="checkbox"/>	Emergency Medical Technician-Paramedic (See Section B or F)

PERSONAL INFORMATION			
Name:	First:	Middle:	Last:
Address:	Street/PO/Route:		
	City:	State:	Zip:
Social Security Number:		Date of Birth:	
Daytime Phone (Optional)			
Name of Ambulance Service:			
Address:	Street/PO/Route:		
	City:	State:	Zip:

SECTION B – YOU NEED TO MEET THE REQUIREMENTS OF THIS SECTION IF YOUR CERTIFICATE HAS EXPIRED FOR LESS THAN ONE YEAR AND YOU HAVE MET THE RENEWAL REQUIREMENTS PRIOR TO YOUR CERTIFICATE EXPIRING. If you do not meet this requirement, and your certification has expired, please go to the appropriate section for your level of certification on one of the following pages.

1	A copy of your current Cardiopulmonary Resuscitation certification; AND
2	Documentation of meeting the following for the level of certification marked:
	A Continuing education requirements; OR
	B Current certification from the National Registry of Emergency Medical Technician; AND
3	Complete Section G of this form.

SECTION C – RECERTIFICATION REQUIREMENTS FOR FIRST RESPONDER – Applicants applying for recertification must submit the following:

1	A copy of your current Cardiopulmonary Resuscitation certification; AND
2	A copy of your current National Registry of Emergency Medical Technician First Responder certificate; OR
3	A copy of your certificate showing successful completion of a first responder refresher course, which must have been completed within two years of the date our office receives this application; AND
4	Complete section G of this form.

SECTION D – RECERTIFICATION REQUIREMENTS FOR EMERGENCY MEDICAL TECHNICIANS – Applicants applying for recertification must submit the following:	
1	A copy of your current Cardiopulmonary Resuscitation certification; AND
2	A copy of your current National Registry of Emergency Medical Technician Emergency Medical Technician certificate; OR
3	A copy of your certificate of successful completion of an Emergency Medical Technician refresher course, which must have been completed within two years of the date our office receives this application; AND
4	Complete section G of this form.

SECTION E – RECERTIFICATION REQUIREMENTS FOR EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATES WHOSE CERTIFICATIONS HAVE EXPIRED LESS THAN THREE YEARS:	
A	Applicants applying for recertification must submit the following:
1	Documentation that you have maintained certification as an Emergency Medical Technician or have met the requirements for recertification as an Emergency Medical Technician; AND
2	A copy of your current National Registry of Emergency Medical Technician-Intermediate certificate; OR
3	A copy of your certificate of successful completion of an Emergency Medical Technician-Intermediate refresher course, which must have been completed within two years of the date our office receives this application; AND
4	Complete section G of this form.
B	Applicants applying for recertification whose certificates has expired more than three years will need to retake the initial course. Please contact our office after you have completed the initial course for assistance.

SECTION F – RECERTIFICATION REQUIREMENTS FOR EMERGENCY MEDICAL TECHNICIAN-PARAMEDICS WHOSE CERTIFICATIONS HAVE EXPIRED LESS THAN THREE YEARS	
A	Applicants applying for recertification must submit the following:
1	Documentation that you have maintained certification as an Emergency Medical Technician or have met the requirements for recertification as an Emergency Medical Technician; AND
2	A copy of your current National Registry of Emergency Medical Technician Paramedic certificate; OR
3	Copy of your certificate of successful completion of an EMT-Paramedic refresher course, which must have been completed within two years of the date our office receives this application; AND
4	Complete section G of this form.
B	Applicants applying for recertification whose certificates has expired more than three years will need to retake the initial course. Please contact our office after you have completed the initial course for assistance.

SECTION G – CERTIFYING INFORMATION						
Have you been convicted of a misdemeanor or felony?		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
If yes, state what crime, date of conviction, name and location of court (city, county, state)						
Crime	Date of Conviction	Name/Location of Court				
Official court records describing the conviction, disposition and a statement from the Court that you have successfully completed the court requirements must be submitted along with a letter from you explaining your conviction.						
Have you actively practiced in Nebraska as an Out-Of-Hospital Emergency Care Provider prior to licensure?		<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>					
If yes, how many days have you practiced in Nebraska as an Out-Of-Hospital Emergency Care Provider?						
I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I am not addicted to narcotics or dangerous drugs, do not habitually and excessively use alcohol, narcotics or dangerous drugs to a degree that my ability to provide emergency medical care is impaired, and I am of good moral character.						

Signature of Applicant _____
Date _____